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09/910,190		705	3687	JMA 2976.1

APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/219,773 07/20/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

08/30/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance V.F. Initials	MO	11	72

ADDRESS

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TITLE

Patient - controlled automated medical record, diagnosis, and treatment system and method

FILING FEE RECEIVED 1278	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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